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Bib Data Sheet

CONFIRMATION NO. 3678

SERIAL NUMBER 10/812,366	FILING OR 371(c) DATE 03/26/2004 RULE	CLASS 424	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 05882.0114.NPUS01
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/458,459 03/26/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

28120

TITLE

Anti-pleiotrophin antibodies and methods of use thereof

FILING FEE RECEIVED 1654	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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